

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>2m</i>	<i>32</i>	<i>1/11</i>
FORMALITY REVIEW	<i>BZ</i>	<i>TC3-883</i>	<i>01-24-01</i>
RESPONSE FORMALITY REVIEW	<i>Request</i>	<i>925</i>	<i>04-27-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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